

PATENT APPLICATION SERIAL NO. 10/518007

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
Fee Record Sheet

06/03/2005 JANDERSON 00000002 500310 10518007

01 FC:1642 400.00 DA

12/22/2004 LLANDGRA 00000043 500310 10518007

01 FC:1631 300.00 DA  
02 FC:1632 -500.00 DA  
03 FC:1633 200.00 DA  
04 FC:1616 360.00 DA  
05 FC:1615 100.00 DA

Adjustment date: 06/02/2005 SNAJARRO  
12/22/2004 LLANDGRA 00000043 500310 10518007  
02 FC:1632 -500.00 CR

PTO-1556  
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/518007

| 3 Please refund the following fee(s):                      | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|--|----------------|--------------|----------|
| <input checked="" type="checkbox"/> Filing                 |                |              | \$ 100   |
| <input type="checkbox"/> Amendment                         |                |              | \$       |
| <input type="checkbox"/> Extension of Time                 |                |              | \$       |
| <input type="checkbox"/> Notice of Appeal/Appeal           |                |              | \$       |
| <input type="checkbox"/> Petition                          |                |              | \$       |
| <input type="checkbox"/> Issue                             |                |              | \$       |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. |                |              | \$       |
| <input type="checkbox"/> Maintenance                       |                |              | \$       |
| <input type="checkbox"/> Assignment                        |                |              | \$       |
| <input type="checkbox"/> Other                             |                |              | \$       |

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 50-0310

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: John Anderson

PHONE: 308-9140 ext 261

OFFICE: PCT DO/EO

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B